

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)			No Rental	N / \$41.75	4 PER YEAR	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOURS CONTINUOUS RECORDING, INFANT			No Rental	N / \$126.57	4 PER YEAR	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$148.01	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$62.54	4 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$127.82	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A9284	SPRIOMETER, NON-ELECTRICTRONIC, INCLUDES ALL ACCESSORIES			No Rental	N / \$10.23	6 MONTHS	In Rate	05, 24, 25, 53	20131201	11, 12
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1-4 L/min, primary	RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, backup	RR, TW	0 / \$3.44						
		<1 L/min, primary	QE, RR	30 / \$3.43						
		<1 L/min, backup	QE, RR, TW	0 / \$1.72						
		>4 L/min, primary	QG, RR	30 / \$10.30						
		>4 L/min, backup	QG, RR, TW	0 / \$5.15						
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING			No Rental	Y / \$133.96	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING			No Rental	Y / \$290.02	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Primary	RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$3.44						
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Primary	RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$3.44						
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASKS, TUBING AND REFILL ADAPTOR			No Rental	Y / \$1,174.54	1 PER LIFETIME	In Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0439	STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1-4 L/min, primary	RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, backup	RR, TW	0 / \$3.44						
		<1 L/min, primary	QE, RR	30 / \$3.43						
		<1 L/min, backup	QE, RR, TW	0 / \$1.72						
		>4 L/min, primary	QG, RR	30 /\$10.30						
		>4 L/min, backup	QG, RR, TW	0 / \$5.15						

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING			No Rental	Y / \$451.73	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$104.84	1 PER MONTH	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$104.84	1 PER MONTH	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$104.84	1 PER MONTH	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$104.84	1 PER MONTH	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	RR		60 / \$2.09	Y / \$951.27	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	RR		60 / \$1.12	Y / \$204.80	1 YEAR	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0457	CHEST SHELL (CUIRASS)	RR		60 / \$1.90	Y / \$340.00	5 YEARS	Not in Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0459	CHEST WRAP	RR		60 / \$1.36	Y / \$209.50	5 YEARS	Not in Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	RR		60 / \$8.07	Y / \$4,398.15	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Primary	RR	0 / \$17.00	Y / \$9,265.00	5 YEARS	Not in Rate	05, 24, 25, 53	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Extended rental	52, RR	0 / \$8.50						
		Backup rental	TW, RR	0 / \$8.50	Y / \$4,632.50		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Extended backup rental	52, TW, RR	0 / \$4.25						01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Primary	RR	0 / \$17.00	Y / \$9,265.00	5 YEARS	Not in Rate	05, 24, 25, 53	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Extended rental	52, RR	0 / \$8.50						
		Backup rental	TW, RR	0 / \$8.50	Y / \$4,632.50		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Extended backup rental	52, TW, RR	0 / \$4.25						01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR		60 / \$6.42	Y / \$2,922.74	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Primary	RR	0 / \$11.11	Y / \$4,721.75	5 YEARS	Not in Rate	05, 24, 25, 53	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Extended rental	52, RR	0 / \$5.56						
		Backup rental	TW, RR	0 / \$5.56	Y / \$2,360.88		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Extended backup rental	52, TW, RR	0 / \$2.78						01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		RR	60 / \$2.13	Y / \$428.52	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES			60 / \$7.43	Y / \$4,077.88	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Primary	RR	60 / \$7.54	Y / \$4,139.74	5 YEARS	In Rate	05, 24, 25, 53	20130401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$3.77	Y / \$2,069.87	5 YEARS	In Rate	05, 24, 25, 53		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH		RR	0 / \$21.50	Y / \$12,000.00	1 PER LIFETIME	In Rate	05, 24, 25	20061001	11, 12
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES		RR	60 / \$1.06	Y / \$351.55	5 YEARS	In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE		RR	60 / \$3.35	Y / \$903.49	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Primary	RR	60 / \$2.74	Y / \$790.63	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.37	Y / \$395.32					
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER		RR	No Rental	Y / \$27.11	6 MONTHS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Primary	RR	60 / \$0.68	Y / \$114.81	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.34	Y / \$57.41					
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		RR	60 / \$0.65	Y / \$86.11	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		RR	60 / \$1.62	Y / \$265.77	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Primary	RR	60 / \$2.20	Y / \$378.50	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.10	Y / \$189.25					
E0570	NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID	Primary	RR	60 / \$0.51	N / \$103.29	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.26	Y / \$51.65					
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Primary	RR	60 / \$2.62	Y / \$508.10	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.31	Y / \$254.05					
E0580	NEBULIZER, WITH COMPRESSOR, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Primary		No Rental	Y / \$91.17	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	TW		Y / \$45.59					
E0585	NEBULIZER; WITH COMPRESSOR AND HEATER	Primary	RR	60 / \$2.93	Y / \$460.08	5 YEARS	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.47	Y / \$230.04					
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Primary	RR	60 / \$1.09	Y / \$403.04	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	60 / \$0.55	Y / \$201.52					
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE		RR	60 / \$3.91	Y / \$1,174.54	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E0605	VAPORIZER, ROOM TYPE (NOTE: FOR USE WITH OXYGEN SYSTEM ONLY)			No Rental	Y / \$15.21	2 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0606	POSTURAL DRAINAGE BOARD		RR	60 / \$1.35	Y / \$271.05	2 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0619	APNEA MONITOR, WITH RECORDING FEATURE		RR	90 / \$5.11	Y / \$1,909.60	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0776	IV POLE (NOT FOR USE WITH PORTABLE PUMPS)	Primary	RR	60 / \$0.62	N / \$116.26	8 YEARS	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.31	Y / \$58.13					
E1353	REGULATOR		RR	0 / \$0.50	Y / \$30.98	5 YEARS	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E1355	STAND/RACK			No Rental	Y / \$18.34	1 PER LIFETIME	In Rate	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Primary	RR	60 / \$1.10	Y / \$78.58	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.55	Y / \$39.29					
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	<1 L/min, primary	QE, RR	30 / \$3.43	Y / \$1,456.42	5 YEARS	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, primary	RR	30 / \$6.87						
		>4 L/min, primary	QG, RR	30 / \$10.30						
		<1 L/min, backup	QE, RR, TW	0 / \$1.72	Y / \$728.21					
		1-4 L/min, backup	RR, TW	0 / \$3.44						
		>4 L/min, backup	QG, RR, TW	0 / \$5.15						
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Primary	RR	30 / \$1.08	No Purchase	N/A	Not in Rate	03, 04, 05, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$0.54						
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME)		U1-U9, UA-UD, RR	0 / Priced on PA	Y / Priced on PA	VARIES	Not in Rate	03, 04, 05, 17, 24, 25, 53, 57, 77	20031001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITH HEATED DELIVERY		RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITHOUT HEATED DELIVERY		RR	30 / \$6.87	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES			No Rental	Only if Over 8 units / \$10.95	N/A	Per Policy	04, 05, 17, 24, 25, 53, 74, 79	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72